

# **Part B – Health Facility Briefing & Design**

**25 Burns Unit**



*i*HFG

## **International Health Facility Guidelines**

Version 1.0 February 2019

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## 25 Burns Unit

### 1 Introduction

The Burns Unit is a specialised unit for the management of patients who have sustained a severe burn injury. These injuries are considerable and complex with the initial period of hospitalisation commonly length and often followed by many months, even years of intensive rehabilitation.

These individuals must be closely monitored, evaluated, and cared for at all times. Patients with severe burns frequently require mechanical ventilation and care under the supervision of intensive care and other critical care services and staff due to the multisystem impact of the burns. The unit will be staffed with specialised doctors, nurses, and multidisciplinary healthcare workers who will coordinate the vast treatment resources required to care for these critically ill patients.

### 2 Functional and Planning Considerations

#### *Operational Models*

The Burns Unit will generally operate on a 24 hour per day, 7 days per week basis.

The Burns Unit is a separate specialty with an independent management structure. However, it could be collocated with the ICU or other critical care units for clinical and staffing support but should be physically separate.

#### *Models of Care*

Patients admitted with severe burns will be managed in a typical process comprises of four phases:

- Initial evaluation and possibly resuscitation
- Initial wound excision and biological closure
- Definitive wound closure
- Rehabilitation and reconstruction

The provision of a seamless model of burns care enables the patient to efficiently move from acute care to rehabilitation, step-down facility and ambulatory care. To obtain best healthcare outcomes, individuals with burns require a comprehensive approach to care and management.

#### *Planning Models*

##### **Bed Numbers and Complement**

The number of beds shall be determined by the facility's service plan. A typical Burns Unit as outlined in this FPU is comprised of 12 beds ( $\pm 2$  as recommended maximum) with the unit's composition similar to the requirements of a small ICU Unit. The Burns Unit will be larger than a typical Intensive Care Unit due to the additional support spaces and services required for the Burns Unit to be self-sufficient in its patient care and treatment. This should be taken into account at the planning stage.

Due to the partial loss of the skin's function as the principal protective organ against external pathogens, people with burns are considered immune-compromised. As a result, positive pressure isolation rooms with ante-rooms are required in the Burns Unit bedrooms.

Due to a shortage of sufficient positive pressure rooms, intubated or critically unstable burns patients are often unable to be admitted to a standard ICU. Intubating or heavily sedating burns patients is common due to the severity of their injuries and the invasive and painful treatment process; hence, Burns Units are required to contain numerous single rooms suited to care for these patients and their medical needs. Positive-pressure rooms should have enough space for individual monitoring, mechanical ventilation, and big wound/treatment trolleys.

Considering the care demands of Burns patients and the likely inability to transport patients to other Units for treatment, the Burns Unit is anticipated to be self-sufficient in terms of support rooms and spaces. The Unit's number of support spaces and treatment rooms does not have to correspond to the number of beds. Even with a smaller number of beds (less than 12 beds), a full set of supporting rooms will still be required.

The units room size should be sufficient to accommodate the patient, necessary personnel, monitoring capabilities, life support equipment and support services with safety considerations. Work surfaces and storage areas must be adequate to maintain all necessary supplies and permit the performance of all desired procedures without the need for staff to leave the room.

### **Unit Planning Models**

The Burns Unit should be a secure unit provided in a location that has no through traffic or access to visitors; and avoids or minimises:

- Disturbing sounds (ambulances, traffic, sirens)
- Disturbing sights (treatment areas, other patient rooms)
- Ideally, all beds should be visible from the Staff Station or where visibility may be compromised, satellite staff stations or observation bays should be considered.

The Burns Unit will have a number of single bedrooms, including positive pressure isolation, critical care sized rooms with ante room and ensuite facilities, as well as positive pressure isolation and critical care sized rooms with ante room and ensuite facilities. To protect the patient from contact pathogens and hospital acquired diseases, all visitors must put on a gown and wash their hands at a clinical style hand wash basin. They must keep this gear on for the duration of their visit.

Upon exit all persons will be required to gown down before leaving.

### **Functional Areas**

The Burns Unit consists of the following Functional Areas:

- Entry/ Reception, which may be shared with adjoining units including:
  - Reception
  - Waiting areas, separate for Males and Females and sized to accommodate family members, with access to public amenities
  - Meeting room that may be used as a Distressed Relatives Room
  - Gown-up and Gown-down rooms and associated hand wash facilities
- Patient areas with:
  - Single bedrooms
  - Isolation rooms, positive and negative pressure
  - Ensuites which may not be shared
  - Bathroom for burns patients
  - Procedure Room (or Minor OR)
  - Optional Therapy Pool
- Support areas consisting of:
  - Staff Station, Reporting Station and write-up areas
  - Beverage Bay and Bays for linen, resuscitation trolley, laboratory facilities and mobile equipment
  - Clean and Dirty Utility Rooms
  - Medication room
  - Storerooms for equipment, general stock and sterile supplies
  - Biomedical Workshop
- Staff Areas including:
  - Offices
  - Meeting Room
  - Staff Room
  - Storage for files and stationery
  - Change rooms with toilets, shower and lockers

The above zones are briefly described below.

### Reception/ Staff Station

Reception is located outside the unit. It is the receiving hub for visitors.

Waiting areas for visitors should be provided in close proximity to the entry and ideally be monitored by the reception. Visitor wishing to enter the unit from the waiting areas will be controlled by the Reception via a remote door release. The door access will be designed in such a way to ensure visitors enter through the gown-up room and exit through the gown-down room. Separate provisions for staff for gowning-up for the duration of their shifts is expected.

Alternatively, an intercom system can be used in the absence of a Reception. The intercom system, ideally with a video camera and a monitor, is linked to the Staff Station to direct and assist the visitors.

Access to male and female toilet facilities and prayer rooms shall be provided. These should be located adjacent the waiting area or with an adjoining inpatient or critical care unit.

The Staff Station is the internal management hub of the unit and will be used to control the security and management of the Unit.

### Patient Areas

Patient Areas will include:

- Positive Pressure Isolation Bedrooms with the required mechanical ventilation and critical care management
- Optional Rehabilitation single rooms
- Ensuites for Isolation rooms as well as Optional Rehabilitation rooms.
- Burns assisted bathroom
- Procedure Room (or Minor OR) for wound treatment, skin grafts etc
- Optional Therapy Pool (part of patient rehabilitation)

The design of the Burns Unit should allow a direct line of vision from the central Staff Station to the patients in the Positive Pressure Isolation rooms, to permit the monitoring of patient status under both routine and emergency circumstances. The use of centrally displayed monitor systems will be required to enhance this ability.

Patient rooms in the Burns Unit are similar to the ICU rooms, with sliding transparent doors at the front of the room to maximize visibility. To reduce cross contamination and the spread of hospital acquired infections, all patients in the Burns unit will be managed in a single bed room with HEPA filtered air.

Optional Rehabilitation rooms can be collocated with the Intensive Care rooms. However, ante-rooms are not required to the Optional Rehabilitation rooms.

### Staff Areas

Staff Areas consist of:

- Offices and workstations
- Meeting Room/s and Interview rooms for education sessions, interviews with staff or clients and other meetings
- Staff Room
- Staff Station and clinical handover room
- Toilets, Shower and Lockers

Offices / workstations will be required for administrative as well as clinical functions to facilitate educational / research activities. Staff Areas may be shared with adjacent Units as far as possible.

### **Functional Relationships**

A Functional Relationship is the link between distinct areas of activity that work together closely to support the delivery of effective services in terms of management, cost, and human resources. Below are the correct functional relationships.

#### **External Relationships**

Dependant on the location of the Burns Unit it would be ideal to have separate and discrete entry or entries for staff, goods and supplies with swipe card or similar electronic access to authorised personnel. Discrete entry for patients on beds or trolleys may also be considered.

However, principal relationships with other Units include:

- Operating Unit
- Intensive Care Unit
- Emergency Unit
- Medical Imaging
- Pathology Services
- Biomedical Engineering

#### **Internal Relationships**

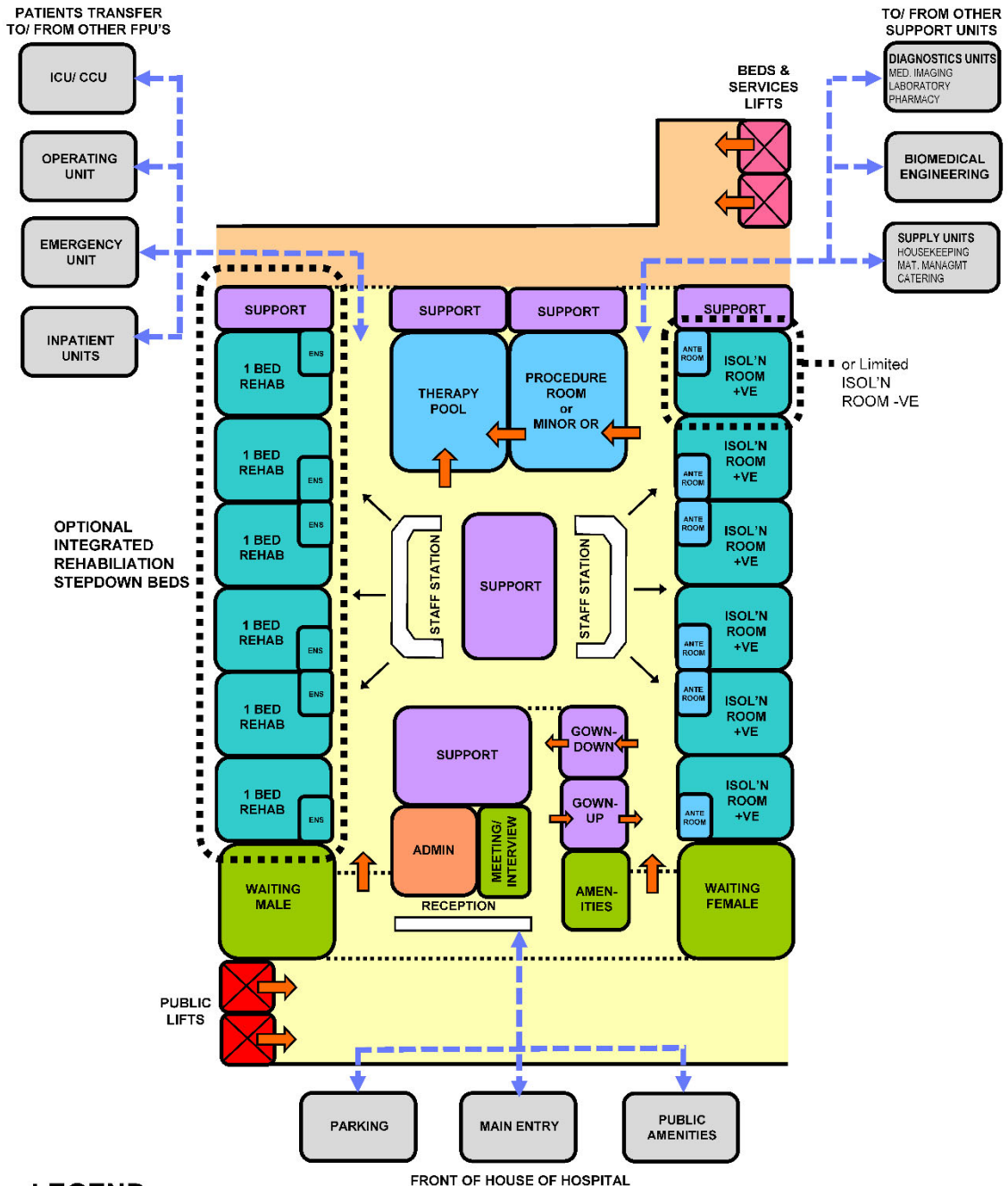
Optimal internal relationships to be achieved include:

- Patient bedrooms (minimum 50%) on the perimeter for access to windows with the remaining rooms having borrowed light via the glazed front wall
- Staff station(s) and other areas which require direct access and observation of patients
- Utility and storage areas that need to be readily accessible by staff
- Public areas located on the perimeter of the unit.

### **Functional Relationships Diagram**

Functional Relationships Diagrams are the greatest way to describe the relationships between the various components in a Burns Unit. The needs for infection control and preferences of patient management result in a variety of planning 'models' that have been proven successful over many years of experience and multiple built instances. Most Burns Unit plans are a modification of the 'model' demonstrated below.

# Burns Unit



## LEGEND



### 3 Design Considerations

Refer to **Part C for ergonomic issues**, **Part D for Infection Control**, and **Part E for Engineering** requirements.

#### *Environmental Considerations*

##### **Acoustics**

Consistent with critical care areas, the Burns Unit should protect its patients and reduced sound signals from patient call systems, alarms from equipment and telephones and loud conversations as this can add to the sensory overload of the patient.

The Burns Unit should be designed to minimise the ambient noise level within the unit and transmission of sound between patient areas, staff areas and public areas. Consideration should be given to the location of noisy areas or activity, preferably placing them away from quiet areas including patient bedrooms and bed bays.

Signals from staff call systems, alarms from monitoring equipment, and telephones add to the sensory overload in critical care units. Without reducing their importance or sense of urgency, such signals should be modulated to a level that alert staff members yet be rendered less intrusive to patients.

For these reasons, floor coverings that absorb sound should be used while keeping infection control, maintenance, and equipment movement needs under consideration. Walls and ceilings should be constructed of materials with high sound absorption capabilities. Ceiling soffits and baffles help reduce echoed sounds. Doorways should be offset, rather than being placed in symmetrically opposed positions, to reduce sound transmission. Counters, partitions, and glass doors are also effective in reducing noise levels.

Acoustic treatment is required to the following:

- Patient Bedrooms and Ensuites
- Interview and meeting rooms
- Procedure rooms
- Staff rooms
- Change Rooms, toilets and showers

Refer also to Part G of these Guidelines.

##### **Natural Light**

Natural light should be used as much as possible throughout the Unit. Patients and staff benefit from windows in terms of sensory orientation and psychological well-being, and as many rooms as possible, but no less than 50% of the rooms, should have windows to reinforce day/night orientation. Any rooms which do not have direct access to external light, may have access to borrowed light via the glazed front wall of the rooms.

Any optional rehabilitation step-down bedrooms provided should have 100% access to fixed external windows as per all Inpatient Unit requirements within these guidelines.

Other naturally lit locations, such as a central atrium or an adjacent glazed hallway, can be used for the provision of natural light.

##### **Privacy**

The design of the Burns Unit needs to consider the contradictory requirement for staff visibility of patients while maintaining patient privacy. Unit design and location of staff stations offer varying degrees of visibility and privacy.

Each bed to be provided with bed screens to ensure privacy of patients undergoing treatment in the room. Refer to the Standard Components for examples.



Other factors for consideration include:

- Use of windows in internal walls and/or doors, provision of privacy blinds.
- Location of external areas, courtyards or atriums facing bedroom windows to prevent others from viewing into bed and treatment spaces.

### **Space Standards and Components**

#### **Bed Spacing / Clearances**

Bed dimensions become a critical consideration in ascertaining final room sizes. The dimensions noted in these Guidelines are intended as minimums and do not prohibit the use of larger rooms where required.

All patient beds must comply with standard components for fittings, furniture, mechanical and electrical services and staff call systems including the clearances that they imply.

In critical care bedrooms a minimum of 1200 mm clearance around both sides and the foot of the bed is recommended.

#### **Bariatric Patient Facilities**

The Burns Unit may require provisions for bariatric patients, depending on the service requirements including ceiling suspended lifting systems between the Bedroom bed area and an adjacent Ensuite.

All fixtures and fittings for bariatric patients need to accommodate up to 350kg weight.

#### **Doors**

Door openings to Burns Unit Bedrooms shall have a minimum of 1350mm clear opening (1400mm clear opening recommended) to allow for easy movement of beds and equipment.

#### **Infection Control**

A major clinical focus in the management of severe burns is infection control. Patients with burn injuries are at a high risk of infection.

The goal is to provide patients with a broad region of skin injury with the best possible protection by using specially built isolation rooms in the Burn Units.

#### **Hand Basins**

Handwashing facilities shall be provided in the corridors, critical care bedrooms and other rooms as specified by the Standard Components in these Guidelines.

Hand-washing facilities shall not impact on minimum clear corridor widths.

At least one handwashing bay is to be conveniently accessible to the Staff Station and unit entry/exit.

Hand basins are to comply with Standard Components Bay - Hand-washing and Part D - Infection Control.

Hand Basins in patient bedrooms are provided for the exclusive use by staff for infection control considerations. Hand basins are available in the ensuites for patients and their visitors which shall not be used by Staff.

#### **Antiseptic Hand Sanitisers**

Antiseptic hand sanitisers should be located so they are readily available for use at points of care, at the end of patient beds and in high traffic areas. The placement of antiseptic hand sanitisers should be consistent and reliable throughout facilities.

Antiseptic hand sanitisers, although very useful and welcome, cannot fully replace Hand Wash Bays.

Antiseptic hand sanitisers are to comply with Part D in these Guidelines.

### Isolation Rooms

Isolation Rooms can only accommodate 1 patient bed per room.

The Burns Unit shall include at least one negative pressure Isolation Room with attached Anteroom per pod of 12 or as many as required by the Clinical Service Plan of the Unit. Clinical hand-washing, gown and mask storage, and waste disposal shall be provided within the anteroom.

An attached ensuite must be provided for each isolation room.

Refer to Part D – Infection Control in these Guidelines.

### Safety and Security

The Burns Unit shall provide a safe and secure environment for patients, staff and visitors, while remaining a non-threatening and supportive atmosphere conducive to recovery.

The facility, furniture, fittings and equipment must be designed and constructed in such a way that all users of the facility are not exposed to avoidable risks of injury.

Security issues are important due to the increasing prevalence of violence and theft in health care facilities.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions and the provision of optimum observation for staff. The level of observation and visibility has security implications. Control over access and egress from the Unit is mandatory.

Refer also to Part C in these Guidelines.

### Drug Storage

Drugs prescribed at the hospital should not be stored in the patient bedroom or bed bays. All drugs should be managed by the responsible nurses via a Medication Room. Optionally Medication Room may be combined with a Clean Utility room as long as the requirements of both functions are accommodated.

In both scenarios, the room must contain:

- Benches and shelving
- Lockable cupboards for the manual storage of restricted substances or provision of an automated Medication Management Systems
- A lockable steel cabinet for the storage of drugs of addiction
- A refrigerator, as required; to store restricted substances, it must be lockable or housed within a lockable storage area
- Controlled access by staff only with CCTV surveillance camera/s
- Space for a medication trolley.

*Note: Storage for dangerous and controlled drugs must be in accordance with the relevant legislation and not stored in a patient bedroom.*

### Finishes

Finishes including fabrics, floor, wall and ceiling finishes, should be pleasant and non-Institutional as far as possible. The following additional factors should be considered in the selection of finishes:

- acoustic properties
- durability
- ease of cleaning
- infection control
- fire safety
- movement of equipment

In areas where clinical observation is critical such as bedrooms and treatment areas, lighting and colour selected must not impede the accurate assessment of skin tones.

Walls shall be painted with lead free paint and wall protection provided where bed or trolley movement occurs such as corridors, patients' bedrooms, storage and treatment areas.

### ***Fittings, Fixtures & Equipment***

#### **Bed Screens**

Provide bed screens directly behind glazed front wall to each patient room for privacy reason.

Privacy bed screens must be washable, fireproof and cleanly maintained at all times. Disposable bed screens may also be considered.

#### **Curtains / Blinds**

Each room shall have partial blackout facilities (blinds or lined curtains) to allow patients to rest during the daytime. Similar to bed screens, window curtains shall be fireproof, waterproof and be cleaned often.

Compliance with the relevant local Authority for the required level of fire resistance should be ensured.

If blinds are to be used the following applies:

- Vertical blinds and Holland blinds are preferred over horizontal blinds as they do not provide numerous surfaces for collecting dust.
- Horizontal blinds may be used within a double-glazed window assembly with a knob control on the bedroom side, known as integral venetian blinds.

#### **Bedside Monitoring**

Bedside monitoring equipment should be located to permit easy access and viewing, and should not interfere with the visualisation of, or access to the patient. The bedside nurse and/ or monitor technician must be able to observe the monitored status of each patient at a glance. This goal can be achieved either by a central monitoring station, or by bedside monitors that permit the observation of more than one patient simultaneously. Neither of these methods is intended to replace bedside observation.

Weight-bearing surfaces that support the monitoring equipment should be sturdy enough to withstand high levels of strain over time. It should be assumed that monitoring equipment will increase in volume over time. Therefore, space and electrical facilities should be designed accordingly.

### ***Building Services Requirements***

This section only identifies unit specific services briefing requirements and must be read in conjunction with Part E - Engineering Services for a complete list of applicable parameters and standards.

#### **Information and Communication Technology (ICT)**

Unit design should address the following Information Technology/ Communications issues:

- Health Information System (HIS)
- Electronic Health Records (HER) which may form part of the HIS
- Hand-held tablets and other smart devices
- Picture Archiving Communication System (PACS)
- Paging and personal telephones replacing some aspects of call systems
- Data entry including scripts and investigation requests
- Bar coding for supplies, and X-rays / Records if physical copies are still being used
- Data and communication outlets, servers and communication room requirements

- Wi-Fi availability for staff, patients and/or visitors.

### Nurse Call System

Hospitals must provide an electronic call system that allows patients and staff to alert nurses and other health care staff in a discreet manner at all times. Patient calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should escalate the call priority. The Nurse Call system may also use mobile paging systems or SMS to notify staff of a call.

### Patient Entertainment Systems

Patients may be provided with entertainment/ communications systems according to the Operational Policy of the facility including television, bedside telephone, radio and internet (Wi-Fi) access. A single patient handset may combine the entertainment system, nurse call system and lighting control all in one.

### Pneumatic Tube Systems

The Burns Unit may include a pneumatic tube station, as determined by the facility's operational policy. If provided the station should be located in close proximity to the Staff Station or under direct staff supervision. When required, a second PTS station may be provided within the medication storage area.

Refer to Part E - Engineering Services for details.

### Public Health

Warm water supplied to all areas accessed by patients within the Inpatient Unit should be maintained at 38°C and shall not exceed 43°C. This requirement applies to all staff handwash basins and sinks in patient accessible areas.

Refer to Part E - Engineering Services for details.

### Heating Ventilation and Air-conditioning (HVAC)

The air temperature in inpatient areas should be capable of being maintained along with relative humidity. A local thermostat in the patient room should be provided from which room temperature can be adjusted by the occupant.

All HVAC units and systems are to comply with services identified in Standard Components and Part E – Engineering Services in these Guidelines.

### Medical Gases

Medical gas is used for administration to a patient in anaesthesia, therapy, diagnosis or resuscitation.

Medical gases shall be installed, readily available and dedicate for each patient and they must not be shared between two patients even in a shared inpatient room.

Oxygen, medical air and suction must be provided to all inpatient beds. Medical gases will be provided for each bed according to the quantities noted in the Standard Components - Room Data Sheets.

Refer to Part E - Engineering Services for details.

## 4 Standard Components of the Unit

### Standard Components

Standard Components are typical rooms in a health facility, each represented by a Room Data Sheet (RDS) and Room Layout Sheet (RLS). Sometimes, there are more than one configuration possible and therefore, more than one room layout sheet can be found in the Standard

Components for a room with same function. They may differ in room size and/or the requirement of FF&FE items.

The Room Data Sheets are presented in a written format, describing the minimum briefing requirements of each room type divided into the following categories:

- Room Primary Information; includes briefed areas, occupancy, room description, relationships and special room requirements
- Building Fabric and Finishes; describes fabric and finishes for the room’s ceiling, floor, walls, doors and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the Builder/ Contractor
2	Provided by the Client and installed by the Builder/ Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory.

The Room Layout Sheets (RLS’s) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

Standard Components have considered the required design parameters described in these Guidelines. Each FPU should be designed with compliance to Standard Components - Room Data Sheets and Room Layout Sheets, nominated in the Schedules of Accommodation in Appendices of this FPU.

**Non-Standard Components**

Non-standard components are identified in the Schedules of Accommodation as NS. They include:

**Gown-up Room**

A Gown-up room is a room with dual access. It is provided for visitors to put on PPE items before entering the Patient areas. Room is located on the perimeter of the patient areas with secured doors controlled from the Staff Station or Reception.

Requirements include:

- A PPE dispensing unit for disposable items including gowns, head and shoe covers, gloves,

masks.

- A hand washing basin (Type B) with an antiseptic soap dispenser and a paper towel dispenser.
- An antiseptic hand sanitiser dispenser.
- Waste bin/s.
- An intercom system connected to either the Staff Station or Reception.

### Gown-down Room

Similar to the Gown-up room but is used by visitors when they are leaving the patient areas. Visitors can remove their PPE items and discard them in the dirty linen carrier or waste bin provided in this room. This room will also have dual access with the door from the patient areas controlled and monitored by the Staff Station or Reception. It should be designed in such a way re-entering into the Patient areas from the gown-down room is not permitted.

Requirements include:

- A hand washing basin (Type B) with an antiseptic soap dispenser and a paper towel dispenser.
- An antiseptic hand sanitiser dispenser.
- A Dirty linen carrier or clinical waste bin.

## 5 Schedule of Accommodation

The Schedule of Accommodation (SOA) identifies the rooms required in the Unit along with the quantity and the recommended room area. The sum of these room areas is the Sub Total and Total Departmental areas with a recommended circulation percentage. The circulation percentage represents the area required for internal corridors and is a target for efficient planning. SOAs and room sizes are developed for typical units and are organised into the functional zones applicable to the Unit. Not all rooms identified are mandatory requirements and optional rooms are indicated. Quantities of rooms may need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedules of Accommodation are developed for particular levels of service known as Role Delineation Level (RDL) and numbered from 1 to 6 (including in-between numbers such as 4-5). Level 1 represents uncomplicated health facilities, ascending to level 6 representing complex specialist services and hospitals. Refer to the full Role Delineation Level Framework in these guidelines for a full description of the RDL's identified. RDL Levels not listed are not applicable for this service.

The Schedule of Accommodation for a typical Burns Unit at RDL Level 5 or 6 with 12 beds follows. The Schedule of Accommodation lists generic spaces that form a Burns Unit. Quantities and sizes of some spaces need to be determined in response to the service needs of each unit on a case by case basis.

### Burns Unit

ROOM/ SPACE	Standard Component Room Codes									RDL 5/6 Qty x m2	Remarks
Size										12 Beds	
<b>Entry / Reception</b>											
Reception/ Clerical	recl-15-i similar									1 x 12	Optional
Waiting	wait-50-l similar									1 x 40	1.2 m2 per person; 1.5 m2 per wheelchair
Meeting Room	meet-l-15-i									1 x 15	Interviews/ meetings; can be used as family distress room
Toilet - Public	wcpu-3-i									2 x 3	May share public amenities if located close
Toilet - Accessible	wcac-i									1 x 6	May share public amenities if located close
Gown-up	NS									1 x 6	
Gown-down	NS									1 x 6	
<b>Patient Areas</b>											
1 Bed Room - ICU	1br-icu-25-i									5 x 25	Positive Pressure, Group of 12, within vision of Staff Station. See notes for additional comments at the end of this SOA.
1 Bed Room - HDU	1br-hdu-20-i									6 x 20	Optional fully enclosed Rehabilitation Bed rooms. Facility can decide the mix of ICU and Rehabilitation rooms in a Group of 12.
1 Bed Room - ICU, Class N Isolation	1br-icu-25-i similar									1 x 25	Negative Pressure Isolation; quantity dependent on service plan
Anteroom	anrm-i									6 x 6	To both Positive and Negative Pressure bed rooms
Ensuite - Super	ens-sp-i									12 x 6	Size for 'full assistance', i.e. 2 staff plus equipment
<b>Support Areas</b>											
Bathroom - Assisted	bath-i similar									1 x 20	Burns Bathroom with additional temperature control - ambient temp should be 26 - 28 OC

ROOM/ SPACE	Standard Component Room Codes					RDL 5/6 Qty x m2	Remarks
Size						12 Beds	
Bay - Beverage	bbev-enc-i					1 x 5	
Bay - Blanket Warmer	bbw-1-i					1 x 1	Optional
Bay - Handwashing, Type A	bhws-a-i					3 x 1	At Unit entry and adjacent to staff stations; refer to Part D
Bay - Linen	blin-i					2 x 2	
Bay - Mobile Equipment	bmeq-4-i					2 x 4	
Bay - Pathology (Satellite Laboratory)	bpath-3-i					1 x 3	
Bay - Pneumatic Tube	bpts-i					1 x 1	Optional, may be located with Pathology Bay or Staff Station
Bay - PPE	bppe-i					2 x 1.5	As required, may be combined with Bay-Handwashing at Staff Stations
Bay - Resuscitation Trolley	bres-i					1 x 1.5	
Cleaners Room	clrm-6-i					1 x 6	Smaller units may share with a collocated unit
Clean Utility	clur-12-i					1 x 12	May be interconnected with Medication room
Medication Room	medr-10-i					1 x 10	May be interconnected with Clean Utility room
Clean Utility/ Medication Room	clum-14-i					1 x *	*Optional , if preference is to combine Clean Utility and Medication Room into a single Room, Minimum 14 m2
Dirty Utility	dtur-14-i					1 x 14	
Disposal Room	disp-8-i					1 x 8	Optional
Equipment Clean-up	ecl-8-i					1 x 8	Room size according to service requirements
Office - Clinical / Handover	off-cln-i similar					1 x 15	Locate near staff station
Office - Write-up Bay	off-wi-1-i					12 x 1	1 per each enclosed bed room
Staff Station	sstn-20-i					2 x 20	Qty depends on design of Unit to optimise direct line of sight to all patient bed rooms
Store - Drugs	stdr-5-i					1 x 5	Optional
Store - Equipment	steq-15-i					1 x 15	May be subdivided
Store - General	stgn-14-i similar					1 x 16	
Store - Sterile Stock	stss-24-i					1 x 24	Room size according to service requirements
Procedure Room or Operating Room – Minor	orms-i					1 x 36	Optional but highly recommended
Therapy Pool	hydp-i similar					1 x 35	Optional however highly recommended; individual pool for patient clean-up optimally connected to Minor OR
Change Cubicle - Patient	chpt-d-i similar					2 x 6	Optional, separate for male and female, adjacent to OR and Therapy Pool
<b>Staff Areas</b>							
Office - Single Person	off-s9-i					1 x 9	Unit Manager
Office - 2 Person, Shared	off-2p-i					1 x 12	Nurse Educators, Staff Specialists, Clinicians



ROOM/ SPACE	Standard Component Room Codes					RDL 5/6 Qty x m2	Remarks
<b>Size</b>						<b>12 Beds</b>	
Office - Workstation/s	off-ws-i					4 x 5.5	Registrars, Nursing, Secretarial
Meeting Room	meet-l-25-i					1 x 25	Quantity and size dependent on Service Plan
Bay - Beverage	bbev-enc-i					1 x 5	Optional, near Meeting Room/s
Store - Photocopy/ Stationery	stps-8-i					1 x 8	
Staff Room	srm-20-i					1 x 20	May be shared
Change - Staff (Male/Female)	chst-14-i similar					2 x 12	Toilets, Shower & Lockers; size depends on staff numbers
<b>Sub Total</b>						<b>911.5</b>	
Circulation %						40	
<b>Total Areas</b>						<b>1276.1</b>	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Offices are to be provided according to the number of approved full-time positions within the Unit.
- One ante-room for each positive and negative pressure isolation rooms is required in new facilities. One anteroom shared between two rooms with same type of pressurisation may be permitted in existing facilities undergoing refurbishments and are limited by available space.
- Based on the Units service plan, back to back burns rehabilitation rooms may be considered. Burns rehabilitation rooms will be standard isolation with ensuite bathroom, positive pressure without ante-room.

## 6 References and Further Reading

In addition to Sections referenced in this FPU, i.e. Part C- Access, Mobility, OH&S and Part D - Infection Control and Part E - Engineering Services, readers may find the following helpful:

- DH (Department of Health) (UK) Health Building Note 57: Facilities for critical care, 2003, refer to [www.estatesknowledge.dh.gov.uk](http://www.estatesknowledge.dh.gov.uk)
- Model of Care, NSW State wide Burn Injury Service, Agency for Clinical Innovation, NSW Health, – refer to [www.aci.health.nsw.gov.au](http://www.aci.health.nsw.gov.au)
- AHIA, Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, HPU 0360 - Intensive Care - General, Rev 6, 2016; refer to website: <https://healthfacilityguidelines.com.au/health-planning-units>